07281999-90013-014-$150.00-$150.00

)99.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90013 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

604644 - 90001 - 39

DOCUMENT # P98000004185

1. Corporation Name
RONNIE INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
~~7695 S.W. 104TH ST.~~ ~~MIAMI FL 33156~~	~~7695 S.W. 104TH ST.~~ ~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 1011 TRAILMORE LANE	26 1011 TRAILMORE LANE	01/14/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22	27	65-092-4320	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 WESTON, FL.	28 WESTON, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property.	☑ Yes ☐ No
24 33326 / 25 USA	29 33326 / 30 USA		

9. Name and Address of Current Registered Agent

LITTMAN, ERIC P
7695 S.W. 104TH ST.
STE. 210
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: JOEL D. SANDERS
82 Street Address (P.O. Box Number is Not Acceptable): 1625 NO. COMMERCE PKWY
83: SUITE # 225
84 City: WESTON, FL 85 Zip Code: 33326

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named Corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Ronnie Halpern — CPA — DATE: 7/23/99
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALPERN, RONNIE		1.2 NAME	
STREET ADDRESS	1011 TRAILMORE LN.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Ronnie Halpern — July 16, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #